

**1. PLACE OF DEATH:**  
 (a) County Henry  
 (b) City or town Calhoun  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Her Home on Main Street  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days 90

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Mo (b) County Henry 42  
 (c) City or town Calhoun 0  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location) 0  
 (e) Citizen of foreign country? no (Yes or No) 0  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Alice Louise Zene  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. ✓

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month May day 7  
 year 1947 hour 2 minute a.m.  
 21. I hereby certify that I attended the deceased from Apr 26  
 1947 to Apr 26 1947  
 that I last saw her alive on Apr 26 - 1947  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white  
 6. (a) Single, widowed, married, divorced widowed  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 23 1847  
(Month) (Day) (Year)

Immediate cause of death Senility  
chronic nephritis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**8. AGE:** Years 99 Months 11 Days 15  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dackets Harbor, V.I.  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

12. Name Clark Wilcox

13. Birthplace Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Harriet Miller

15. Birthplace Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Nathan Ingle

(b) Address Calhoun Mo

17. (a) Burial (b) Date thereof May 9 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calhoun Cemetery

18. (a) Signature of funeral director J. H. Hensley

(b) Address Calhoun Mo

19. (a) 5-8-1947 (b) R. R. Kessner  
(Date received local registrar) (Registrar's signature) 1120

**PHYSICIAN**  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
13/10

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
 \_\_\_\_\_  
 While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

23. Signature W. H. Hensley (M. D. or other) MD  
 Address Calhoun Date signed 5/8/47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

RECEIVED  
District Health Officer No. 7,  
4-47-565  
District File Number 5-14-47  
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed J. A. Housey  
Licensed Embalmer No. 3502  
P. O. Address Calhoun Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.